Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Workers' Voice				
	C C00484287			
Check if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 27 / 2014			
Full Name of Payee	Date of Public Distribution/Dissemination			
COMMITTÉE ON LETTER CARRIERS POLITICAL EDUCATION	09 25 2014			
Mailing Address 100 Indiana Avenue, N.W.	Amount			
City State Zip Code	266.30			
Washington DC 20001	Transaction ID : D541602 Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff  Category/ Type  001	09 / 25 / 2014			
Name of Federal Candidate Support Office	Sought: House District: 00			
MITCH MCCONNELL Oppose	President Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	09 25 2014			
Mailing Address 100 Indiana Avenue, N.W.	09 23 2014			
	Amount			
City State Zip Code	454.71			
Washington DC 20001	Transaction ID : D541603  Date of Disbursement or Obligation			
Purpose of Expenditure  Category/ Category/ Category/	Date of Disbursement of Obligation			
InKind Staff  InKind Staff  Type  001	09 25 2014			
	e Sought: House District: 00			
MARK E UDALL Oppose	President Senate State: CO			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary			
	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	721.01			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 7 7			
(c) TOTAL Independent Expenditures	7 7 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler  [Electronically Filed] Date 1	0 17 2014			
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/orkers' Voice	C C00484287
Ch	eck if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 27 / 2014
П	Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
	COMMITTEE ON LETTER CARRIERS FORTICAL EDUCATION	09 / 25 / 2014
	Mailing Address 100 Indiana Avenue, N.W.	Amount
	City State Zip Code	266.30
	Washington DC 20001	Transaction ID : D541609 Date of Disbursement or Obligation
	Purpose of Expenditure InKind Staff  Category/ Type 001	09 25 / 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	ALISON LUNDERGAN GRIMES Oppose	President State: KY
	Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary ⊠ General  Other (specify) ▶
	Full Name of Payee	
	Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination  O9 25 2014
	Mailing Address 80 F Street, NW	Amount
	City State Zip Code	65.40
	Washington DC 20001	Transaction ID : D541647 Date of Disbursement or Obligation
	Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	MITCH MCCONNELL Oppose	President Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	331.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	24.0	0 17 2014
	Signature	

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 27 / 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW	Amount
City State Zip Code	94.97
Washington DC 20001	Transaction ID : D541648 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 / 25 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
MARK E UDALL Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
	Other (specify)
Full Name of Payee Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination  O9  25  2014
Mailing Address 80 F Street, NW	Amount
City State Zip Code	58.29
Washington DC 20001	Transaction ID : D541658 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
MARK E UDALL Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	153.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
24.0	0 17 2014
Signature	

PAGE

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 27 / 2014
Full Name of Payee	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW	Amount
City State Zip Code	1.11
Washington DC 20001	Transaction ID : D541662 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 25 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
CORY GARDNER Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	Primary General
Full Name of Davis	Other (specify)
Full Name of Payee Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW	Amount
City State Zip Code	65.40
	Transaction ID : D541665  Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 25 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	66.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date 10	0 17 2014
Signature	

PAGE

OF

Schedule E)	VI EXI EIVE	ATOTILO		PAGE 5 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New re	port X Amends repo	ort filed on 09	27 / 2014
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		19.02
Washington	DC	20006	Transaction II Date of Disbu	D: D541679 rsement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President >	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	37927.71	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			09	25 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		19.90
Washington	DC	20006	Transaction ID  Date of Disbu	: D541684 rsement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President >	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 7	36502.44	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			38.92
(b) SUBTOTAL of Unitemized Independent Expendent	litures			
.,				7
(c) TOTAL Independent Expenditures			•	1 4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 17	2014
Signaturo				

Schedule E)				PAGE 6 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort X Amends repo	ert filed on	
	New Tepo	ort Amerius repo	rt filed on 09	27 2014
Full Name of Payee AFL-CIO			M	
Mailing Address 815 - 16th Street, NW			Amount	9 25 2014
			Amount	
City	State	Zip Code		7.16
Washington	DC	20006		ction ID: D541685 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	M 0	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	14624.40	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
AFL-CIO			M 0	
Mailing Address 815 - 16th Street, NW				3 20 2014
			Amount	
City	State	Zip Code		6.04
Washington	DC	20006		tion ID : D541687 Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	0	9 25 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	37927.71	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		· .	13.20
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			· -	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	4.6	17 2014
Signature				

Schedule E)	PAGE 7 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed on 09	
	Public Distribution/Dissemination
AFL-CIO OS	
Mailing Address 815 - 16th Street, NW Amount	
City State Zip Code	19.90
Washington DC 20006 Transac	tion ID : D541690
Purpose of Expenditure Walk Packets  Category/ Type 004	
Name of Federal Candidate	House District: 00
ALISON LUNDERGAN GRIMES  Support Office Sought:  Oppose President	Tiodoc Bistriot.
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014 Other	
	Public Distribution/Dissemination
AFT Solidarity 527	M / D D / Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.  Amount	2014
City State Zip Code	61.65
Washington DC 20001 Transacti	ion ID : D541692 Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type 001 05	M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
TERRI LYNN LAND Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014  Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.55
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler  [Electronically Filed] Date 10	17 2014

Schedule E)	PAGE 8 OF 18 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Workers' Voice	C C00484287			
Check if 24-hour report X 48-hour report New report X Amends report file	ed on 09 27 2014			
Full Name of Payee AFT Solidarity 527	Date of Public Distribution/Dissemination			
Mailing Address 555 New Jersey Ave. N.W.	09 25 2014 Amount			
City State Zip Code Washington DC 20001	61.65  Transaction ID : D541693  Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 25 / Y 2014			
Name of Federal Candidate Support Offic	ce Sought: House District: 00			
GARY PETERS Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought  Disl 201	bursement For:  Primary  General  Other (specify) ▶			
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project	Date of Public Distribution/Dissemination			
Mailing Address 1775 K Street, NW	09 25 2014 Amount			
City State Zip Code	12.78			
Washington DC 20006-1598	Transaction ID : D541697  Date of Disbursement or Obligation			
Purpose of Expenditure InKind Staff  Category/ Type  001	09 25 2014			
Name of Federal Candidate Support Offi	ce Sought: House District:00			
TERRI LYNN LAND Oppose	President Senate State: MI			
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	74.43			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Elizabeth H Shuler  [Electronically Filed] Date	10 17 2014			

Schedule E)	PAGE 9 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends re	eport filed on 09 27 2014
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project	Date of Public Distribution/Dissemination  09  09  09  09  09
Mailing Address 1775 K Street, NW	Amount
City State Zip Code	219.08
Washington DC 20006-1598	Transaction ID : D541698  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  0	01 09 / 25 / 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 36502.44	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project  Mailing Address 1775 K Street, NW	Date of Public Distribution/Dissemination  09  25  Amount
City State Zip Code	219.08
Washington DC 20006-1598	Transaction ID : D541700  Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff  Category/ Type  00	01 09 / 25 / 2014
Name of Federal Candidate Suppor	t Office Sought: House District: 00
MITCH MCCONNELL Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 36502.44	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	438.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 10 17 2014
Signature	

Schedule E)	JNES	PAGE 10 OF 18 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report 48-hour report New report	X Amends report filed on	09 27 Y 2014
Full Name of Payee UFCW Int'l Union Working Families Advocacy Pi		e of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW	Am	09 25 2014 ount
City Chata 7:	Code	60.26
1 .	Code Tra	69.36
- Tradining (St.)		te of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 25 / 2014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
GARY PETERS	Oppose Pres	sident State: MI
Calendar Year-To-Date Per Election for Office Sought 37	927.71 Disbursem 2014	nent For: Primary X General  Other (specify) ▶
Full Name of Payee	Da	te of Public Distribution/Dissemination
Colorado AFL-CIO L2K		M = M / D = D / Y = Y = Y
Mailing Address 140 Sheridan Blvd	Am	09 25 2014 nount
City State 7	n Code	407.67
1 ·		127.67  saction ID : D541711 te of Disbursement or Obligation
Purpose of Expenditure InKind Staff	Category/ 001	09 / 25 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
MARK E UDALL		sident Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	
Tot Election for Clinice Godgitt		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	······	197.03
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7 7 7
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronical	lly Filed] Date 10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

,							FOR SE OF	FORM 24/48
NAME OF COMI						FEC	IDENTIFICATIO	N NUMBER ▼
Workers' V	DICE					С	C00484287	
Check if 24	nour report X 48-hour report	New repo	ort X Amen	ds repor	t filed on	09	27	2014
Full Name of	Payee blesale and Department Store Ur	nion Internation	al Treasury /	Δοσομοί	Date	of Pub	lic Distribution/I	Dissemination
	·	non internation	iai iitasuiy F	-ccour	<u> </u>	M	25	2014
Mailing Addre	SS 30 E29th St.				Amo	unt		
City		State	Zip Code		— Г			64.32
New York		NY	10016				ID: D541712 oursement or O	bligation
Purpose of E InKind Staff	xpenditure		Category/ Type	001		M 09	25	2014
Name of Fed	eral Candidate		Sup	oport	Office Soug	ht:	House [	District:00
GARY PETE	RS			pose	Presid	dent	X Senate	State: MI
	r Year-To-Date tion for Office Sought	7 1 1 7	37927.71		Disburseme 2014		Primary	X General
Full Name o	Payee						olic Distribution/	Dissemination
NCFO/S	EIU 32BJ					M = M 09	/ D D /	2014
Mailing Addr	1212 Bath Ave				Amo		10	.2011
City	r looi r &O	State	Zip Code		$-\Gamma$			74.35
Ashland		KY	41101-2696				ID: D541715 oursement or C	hligation
Purpose of E InKind Staff	xpenditure		Category/ Type	001		M 09 M	25	2014
Name of Fed	eral Candidate		X Sup	pport	Office Soug	ht:	House	District: 00
ALISON LU	NDERGAN GRIMES		Op <sub>l</sub>	pose	Presid	dent	X Senate	State: KY
	r Year-To-Date tion for Office Sought	7	36502.44		Disburseme 2014		Primary specify) ▶	General
(a) SUBTOTA	L of Itemized Independent Expenditur	es			· [	-7	- 7-	138.67
(b) SUBTOTA	L of Unitemized Independent Expendi	itures			•			
(c) TOTAL In	lependent Expenditures				<u> </u>		7	
with, or at the	of perjury I certify that the independent request or suggestion of, any candidate) any political party committee or its	ate or authorized						
	Is. Elizabeth H Shuler	[Electroni	ically Filed]	Date	10 /	17	201	
Signature								

PAGE

OF

Schedule E)	DITORES	PAGE 12 OF 18 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Workers' Voice		C C00484287		
Check if 24-hour report X 48-hour report New	report X Amends report file	ed on 09 27 2014		
Full Name of Payee NCFO/SEIU 32BJ		Date of Public Distribution/Dissemination		
Mailing Address 1212 Bath Ave		09 25 2014 Amount		
Floor F&O				
City State	Zip Code	74.35		
Ashland KY	41101-2696	Transaction ID: D541716  Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 25 / 2014		
Name of Federal Candidate	Support Offi	ce Sought: House District: 00		
MITCH MCCONNELL	X Oppose	President State: KY		
Calendar Year-To-Date Per Election for Office Sought	36502.44 Disl	bursement For:		
Full Name of Payee		Date of Public Distribution/Dissemination		
AFSCME for Michigan		M = M / D = D / Y = Y = Y		
Mailing Address 1625 L Street, NW		09 25 2014 Amount		
City State	Zip Code	141.52 Transaction ID : D541718		
Washington DC	20036	Date of Disbursement or Obligation		
Purpose of Expenditure InKind Staff	Category/ Type 001	09 / 25 / 2014		
Name of Federal Candidate	X Support Offi	ce Sought: House District: 00		
GARY PETERS	Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought	37927.71 Dis 20°	bursement For:  Primary		
(a) SUBTOTAL of Itemized Independent Expenditures		215.87		
(-)		7 7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	·····			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	ronically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature	_			

ScI	hedule E)	/// C.1.2.5	PAGE 13 OF 18 FOR SE OF FORM 24/48			
	NAME OF COMMITTEE (In Full)					
W	orkers' Voice	C C00484287				
Che	eck if 24-hour report X 48-hour report New re	eport X Amends repor	rt filed on 09 27 2014			
T	Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination			
-	Mailing Address 1625 L Street, NW		09 25 2014  Amount			
-	City State	Zip Code	141.52			
	Washington DC	20036	Transaction ID : D541719 Date of Disbursement or Obligation			
	Purpose of Expenditure InKind Staff	Category/ Type 001	09			
t	Name of Federal Candidate	Support	Office Sought: House District: 00			
	TERRI LYNN LAND	Oppose	President Senate State: MI			
	Calendar Year-To-Date Per Election for Office Sought	37927.71	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
	Full Name of Payee AFSCME for Michigan  Mailing Address 1625 L Street, NW		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
-	City State	Zip Code	253.48			
	Washington DC	20036	Transaction ID : D541722  Date of Disbursement or Obligation			
	Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 / 25 / 2014			
ľ	Name of Federal Candidate	X Support	Office Sought: House District: 00			
	GARY PETERS	Oppose	President Senate State: MI			
	Calendar Year-To-Date Per Election for Office Sought	37927.71	Disbursement For:  Primary  General   2014  General   Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures						
(1	(b) SUBTOTAL of Unitemized Independent Expenditures					
((	c) TOTAL Independent Expenditures		•			
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		onically Filed] Date	10 17 2014			
	Signature					

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Workers' Voice	C C00484287				
Check if 24-hour report X 48-hour report New report X Amends report filed	on 09 / 27 / 2014				
Full Name of Payee AFSCME for Michigan	Date of Public Distribution/Dissemination				
	09 25 2014				
Mailing Address 1625 L Street, NW	Amount				
City State Zip Code	208.25				
Washington DC 20036	Transaction ID : D541724 Date of Disbursement or Obligation				
Purpose of Expenditure Inkind Staff Travel  Category/ Type 002	09 25 / 2014				
Name of Federal Candidate Support Office	e Sought: House District: 00				
TERRI LYNN LAND Oppose	President State: MI				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶				
Full Name of Payee USW Works	Date of Public Distribution/Dissemination				
	09 25 2014				
Mailing Address FIVE GATEWAY CENTER	Amount				
City State Zip Code	348.52				
Pittsburgh PA 15222	Transaction ID : D541616 Date of Disbursement or Obligation				
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 25 / 2014				
	e Sought: House District: 00				
MITCH MCCONNELL Oppose	President Senate State: KY				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶				
(a) CURTOTAL of Harrison Independent Financian					
(a) SUBTOTAL of Itemized Independent Expenditures	556.77				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler  [Electronically Filed] Date 1	0 17 2014				
Signature					

Schedule E)	ENDERT EXILERS	TI OTILO		PAGE 15 OF 18 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					
Workers' Voice				C00484287	
Check if 24-hour report X 48-hou	ur report New rep	port X Amends repo	ort filed on 09	27 2014	
Full Name of Payee USW Works			M = M	c Distribution/Dissemination	
Mailing Address FIVE GATEWAY CEN			09 Amount	25 2014	
City	State	Zip Code		478.89	
Pittsburgh	PA	15222	Transaction Date of Disbu		
Purpose of Expenditure InKind Staff		Category/ Type 001	M M M	25 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
GARY PETERS		Oppose	President	Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		37927.71	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶	
Full Name of Payee USW Works			Date of Publi	ic Distribution/Dissemination	
Mailing Address FIVE GATEWAY C	ENTER		Amount	25 2014	
City	State	Zip Code		783.34	
Pittsburgh	PA	15222	Transaction II  Date of Disbu		
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	25 2014	
Name of Federal Candidate		X Support	Office Sought:	House District: 00	
ALISON LUNDERGAN GRIMES		Oppose	President	Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought	7	36502.44	Disbursement For: 2014 Other (sp	Primary	
(a) SUBTOTAL of Itemized Independer	nt Expenditures			1262.23	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			<b>•</b>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	10 17	2014	
Signature					

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Workers' Voice	C C00484287				
Check if 24-hour report X 48-hour report New report X Amends report filed	i on 09 / 27 / 2014				
Full Name of Payee USW Works	Date of Public Distribution/Dissemination				
	09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address FIVE GATEWAY CENTER	Amount				
City State Zip Code	342.23				
Pittsburgh PA 15222	Transaction ID : D541636 Date of Disbursement or Obligation				
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District:00				
ALISON LUNDERGAN GRIMES Oppose	President Senate State: KY				
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For:  Primary				
Full Name of Payee USW Works	Date of Public Distribution/Dissemination				
	09 25 2014				
Mailing Address FIVE GATEWAY CENTER	Amount				
City State Zip Code	38.06				
Pittsburgh PA 15222	Transaction ID : D541638  Date of Disbursement or Obligation				
Purpose of Expenditure Inkind Staff Travel  Category/ Type  002	09 / 25 / 2014				
Name of Federal Candidate Support Office	e Sought: House District: 00				
TERRI LYNN LAND Oppose	President State: MI				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  4 Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	380.29				
(a) SUBTUTAL OF REINIZED INDEPENDENT EXPENDITURES	300.29				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler  [Electronically Filed] Date 1	10 17 2014				
Signature					

Sc	hedule E)	101120		PAGE 17 OF 18 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER					
۷v	orkers' Voice	C	C00484287		
 Che	theck if 24-hour report X 48-hour report New report X Amends report filed on 09 27 2014				
T	Full Name of Payee USW Works		M = M /	Distribution/Dissemination	
	Mailing Address FIVE GATEWAY CENTER		Amount	25 2014	
-	City State	Zip Code		783.34	
	Pittsburgh PA	15222	Transaction II  Date of Disbur		
	Purpose of Expenditure InKind Staff	Category/ Type 001	09 -	25 / 2014	
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00	
	MITCH MCCONNELL	X Oppose		Senate State: KY	
	Calendar Year-To-Date Per Election for Office Sought	36502.44	Disbursement For: 2014 Other (spe	Primary	
	Full Name of Payee USW Works		Date of Public	Distribution/Dissemination	
-	Mailing Address		09	25 / 2014	
	FIVE GATEWAY CENTER		Amount		
ľ	City State	Zip Code		151.99	
	Pittsburgh PA	15222	Transaction ID  Date of Disbu	D: D541641 ursement or Obligation	
	Purpose of Expenditure InKind Staff	Category/ Type 001	09	25 2014	
	Name of Federal Candidate	Support	Office Sought:	House District: 00	
	MARK E UDALL	Oppose	President >	Senate State: CO	
	Calendar Year-To-Date Per Election for Office Sought	14624.40	Disbursement For: 2014 Other (spe	Primary	
(	(a) SUBTOTAL of Itemized Independent Expenditures			935.33	
`	u) 000101112 01 10111200 111090110111 211-1111111			7	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>		
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Ms. Elizabeth H Shuler [Electronic	cally Filed] Date	10 / 17	2014	
	Signature	-			

PAGE 18 OF 18 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼			
Workers' Voice				C00484287	
Check if 24-hour report X 48-hour report New report X Amends report filed on 09 27 2014					
Full Name of Payee USW Works				olic Distribution/Dissemination	
Mailing Address FIVE GATEWAY CENTER			09	25 / Y Y Y Y Y Y	
FIVE GATEWAY CENTER			Amount		
City	State	Zip Code		193.52	
Pittsburgh	PA	15222		n ID : D541642 bursement or Obligation	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 09	25 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
GARY PETERS		Oppose	President	Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		37927.71	Disbursement For: 2014 Other (s	Primary	
Full Name of Payee			Date of Pub	olic Distribution/Dissemination	
Mailing Address			M M	/ D D / Y Y Y Y	
Mailing Address			Amount		
City	State	Zip Code		, , , , , , , , , , , , , , , , , , , ,	
			Date of Dis	bursement or Obligation	
Purpose of Expenditure		Category/ Type	M = M	/ D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:	
		Oppose	President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:	Primary General specify) ▶	
			,		
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•	6193.45	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 17		
Signaturo					